

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-03-1472-01
IRO Certificate Number: 5259

September 8, 2003

An independent review of the above-referenced case has been completed by a doctor board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

Sincerely,

CLINICAL HISTORY

58 year-old female s/p multi-level lumbar fusion, instrumentation with discectomy in _____. Post operatively she continued to report her pre-operative low back pain and left lower extremity radiating pain. She was treated with months of physical therapy and numerous medications, to little avail. In July 2002 an epidural pain block was prescribed to provide 'long lasting anti-inflammatory and relief of her pain.'

REQUESTED SERVICE(S)

Medical necessity of epidural pain block injection.

DECISION

Approve epidural steroid injection under fluoroscopic guidance.

RATIONALE/BASIS FOR DECISION

This 'failed-back surgery' chronic pain patient has lower back and alternating left/right leg pain. In addition, the patient reports neck pain and body aches as well as knee pain. Although the patient's pain is wide spread, there is a clear radicular component, the primary indication for epidural steroid injection. According to numerous uncontrolled trials, epidural steroid injections are an accepted treatment for radicular pain. In these studies, 33-77% of injected patients report relief from pain.

Steroid must be used for its anti-inflammatory actions and fluoroscopic guidance must be used to ensure proper epidural placement of injectate. These latter two issues are noted because it is not clear in the medical record that the requesting physician is planning to use steroid or fluoroscopic guidance. Thus, care standards agree with a fluoroscopically guided epidural steroid injection in this patient's case.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 11th day of September, 2003.